



Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Therapy Services Directorates Waiting List Performance Trajectory and Impact
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft Executive Director, Therapy Services and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed Clinical Director of Therapy Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Therapy Services have provided in this update report, for consideration by the Quality, Safety and Experience Committee (QSEC), an assessment of waiting times that are failing to meet targets of seeing patients within 14 weeks for adults and 8 weeks for paediatrics. This report builds on a previous paper provided on the 14 February 2023, and provides a review of the current position and key actions (either in progress or planned) to address this position and continue to improve the care given to patients.

Cefndir / Background

Timely access to health services is a priority. An aging population and multi-morbidity conditions increase the demands on NHS services and patient care and contributes to pressure to deliver assessment, treatment, rehabilitation and intervention to optimise function, mobility and independence in the community. To recalibrate the system and support the backlog of people waiting is a top priority.

As people age, they are more likely to have more than one long-term health condition alongside increasing frailty. The demand has increased substantially due to the recent COVID-19 pandemic as patients experienced delays or cancellations which posed risks to deterioration of patient's conditions whilst waiting, and potentially affect the proposed treatment.

Clinical teams have reported an increased complexity in caseloads, especially in frail populations, and this has an impact on overall service capacity. Changes to acuity in these caseloads are multifactorial and include a development of more complex conditions due to limited health care provision over the pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. Patients have experienced delays or cancellations that intensifies the risk to planned care and delays increase the risk of deconditioning whilst waiting which potentially affects the value of the proposed treatment.

There is a historical pattern of improving the position through accessing short-term recovery funding, however this deteriorates without a longer term and sustained solution. The actions identified within this paper to mitigate against breach positions are not sufficient to reverse to a zero breach position.

Asesiad / Assessment

The attached report (Appendix 1) provides a detailed assessment of the current waiting time position for each of the services within the Therapies Directorate. The report also includes the clinical criteria that informs the priority order of cases, with patients with the most urgent needs fast tracked for care. Urgent referrals represent activity of high acuity patients seen early that do not hit routine waiting lists.

Management of waiting lists is a dynamic process that ensures patients receive timely equitable access to treatment. Therapies advocates a systematic approach to clinical risk management and actively monitors the waiting list to review changes in patients risks and needs, using various strategies including:

- The prioritisation of referrals according to urgency (criteria noted in the attached report) with times adjusted according to patient risk.
- Regular clinical assessment to screen referrals.
- Patient (or referrer) given contact information and advised to contact the service should the condition worsen/deteriorate.
- Regular waiting list audits and validation.
- Pilot for Electronic Health Records project. One of the expected outcomes is an increased efficiency in clinical time and available data.
- Information or education provided during the waiting period to try to prevent deterioration or prepare patients for upcoming intervention(s).
- Group interventions where clinically appropriate.
- Regular communication with teams to regularly review and revise professional caseloads.
- Pathway process mapping to determine any inefficiencies and potential service improvements including how the waiting list support service can further support within referral pathways.
- Development and further roll out of job plans for staff.
- Utilise digital initiatives wherever possible and/or applicable.
- Expand and embed central support function to improve consistency and availability of data and reporting to develop action plans to improve quality and efficiency of services and thus improve clinical capacity.

Specific actions for each service to mitigate the current position are included in this report. This month, the majority of services, notably Physiotherapy are showing signs of improvement however, the Weight Management Service in Nutrition and Dietetics are seeing a worsening position. The increase in referrals is due to patients seeking pharmaceutical solutions to support obesity management. In order to access this, patients are required to refer to the Weight Management service. Therapies report for Integrated Performance Assurance Report (IPAR) (Appendix 2) provides detail on those services showing concerning variation, decline in performance or considerably off trajectory.

A summary of staffing requirements to recover the waiting list position and sustain this is provided below:

Service	Sub-Specialty	Action	RAG	Impact/Comments
Dietetics	Weight Management Service	Additional resource to recover current waiting times and sustain position.		In year, recovery is reliant on using agency. To sustain zero breach position would require
	Paediatric Dietetics	Overseas recruitment		Unsuccessful recruiting to fixed terms posts and unlikely to obtain locums for less than Band 7 to cover period prior to overseas recruitment commencing in role.
	Community Dietetics	Recruitment to recover and sustain position.		Increased waiting time pressure due to maternity leave and existing vacancies.
Occupational Therapy	Children and Young People	Exploring opportunities to utilise existing resource		No success with Band 6 locums. Looking at

		and Band 7 locums to recover current position. Additional resource to sustain position.		opportunities to utilise Annexe 21 and Expressions of Interest
	Rheumatology	Saturday clinics to recover current position. Additional resource required to sustain position		
Physiotherapy	Musculoskeletal health	Additional resource required to recover current waiting times and to sustain the position		Likelihood of recruitment is high. Currently using high levels of agency.
	Community	Additional resource required to recover current waiting times and to sustain the position		Likelihood of recruitment is high.
Podiatry	Podiatry	1 Band 6		

Argymhelliad / Recommendation

The Quality, Safety and Experience Assurance Committee is asked to receive this report and advise whether assurance has been provided.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.8 - Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims. 3.9 – Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1517 – Escalating routine Physiotherapy waiting times, reach of national targets and service recovery. 1661 – Risk of waiting time breaches due to demand for adult weight management services outstripping capacity. 1512 – Increased urgent community waiting times and delayed response
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Executive Team Improving Together Sessions Quality, Safety and Experience Committee – February 2023 Strategic Development and Operational Delivery Committee – June 2023 Monthly IPAR Report Operational Quality, Safety and Experience Sub Committee Therapy Services Directorate Operational Delivery Group

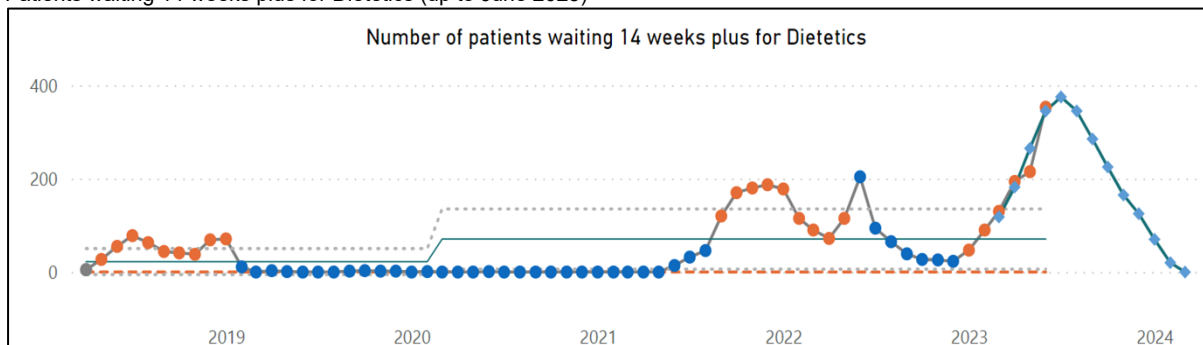
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are robust governance arrangements underpinning financial management to ensure internal control and value for money.
Ansawdd / Gofal Claf: Quality / Patient Care:	Therapy Services ensures that patient care continues to be provided and understands that patient experience is vital to providing excellent care and driving quality.
Gweithlu: Workforce:	Contained within the report
Risg: Risk:	Inherent within the report with management of risk considered
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Reputational risk relating to increased waiting times.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Therapy Services Directorate Waiting List Performance Trajectory and Impact

July 2023

Dietetics

Patients waiting 14 weeks plus for Dietetics (up to June 2023)



Breakdown of Breaches for June 2023

Service	Number of Patients Waiting Over 14 Weeks
Weight Management	365
Mental Health and Learning Disabilities (MHLDD)	13
Paediatrics	20
Community Dietetics	11
Total	413

Work is ongoing within the Weight Management Service (WMS) to understand and manage the increased waiting times further in order to mitigate risks and agree actions. The aim is to evaluate the impact of new weight management medication on the rate of referrals to improve intelligence and predictions regarding the impact on waiting times. Recent data indicates that referral numbers are settling (noting limited administrative capacity means a delay of 4-6 weeks to upload referrals); however the referral trend remains well above demand last year. In addition to the proposed waiting time recovery actions, a short-term opportunity to increase the number of new patient assessment clinics is being pursued, however this is dependent on securing additional administrative capacity. Options for a sustainable solution beyond March 2024 are being explored.

Dietetics closely monitor waiting times for Paediatrics and have re-prioritised work including redirecting resources and offering extra hours to the team to try to minimise a further increase in waiting times. The aim is to evaluate the impact of new selective feeding referrals on the rate of referrals to understand and proactively respond to the impact on waiting times over the next reporting period.

Locum clinic sessions are supporting cover for a paediatric vacancy in the team, but this is not enabling the service to address increased waiting time pressure due to higher referral numbers. Sickness absence within the team will result in a further

increase in waiting times. Whilst additional locum capacity will be sought, there are very few specialist paediatrics locums available. Additionally, discussions are underway with Nutrition and Dietetics service leads regarding a more sustainable solution to manage the demand from increased selective eating referrals (which are mainly for Children and Young People with Autistic Spectrum Disorder (ASD), seeking funding to build dietetic capacity within the service.

Potential risks due to current position

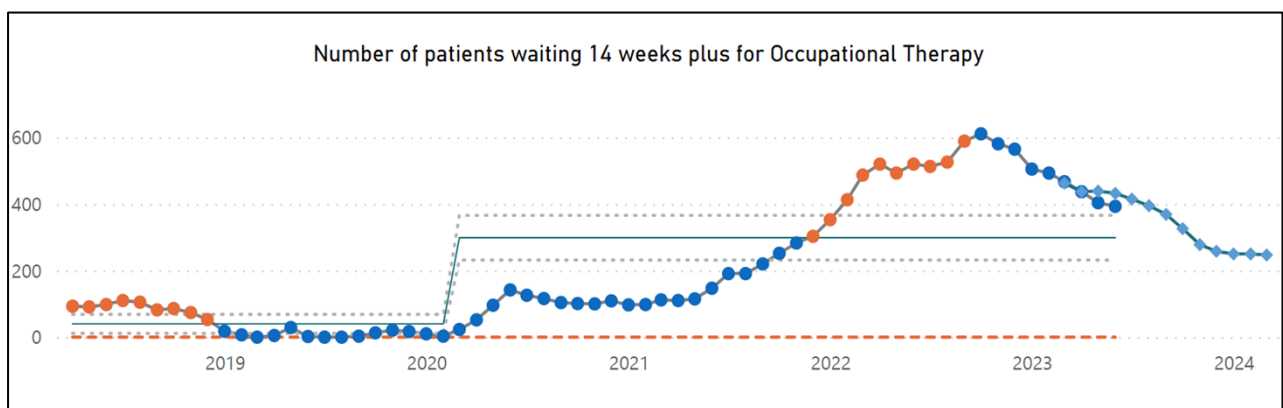
- Patients disengage from the service that could result in deconditioning.
- Unmet need and risk of escalating with avoidable admission to hospital.
- Increase of frailty and malnutrition.
- Reduced ability to manage co-morbidities.
- Increased risk of conditions in paediatric patients such as faltering growth, gastro-oesophageal reflux, obesity, cow's milk protein allergy, food avoidance and nutrient deficiencies.

Actions to address risks

- Prioritise referrals to actively manage urgent and routine and maximise capacity.
- Processes to map demand and capacity
- Offer of advice to patients waiting for appointments to actively manage risk of deconditioning.
- Engage with wider MDT's to understand patient requirements and likelihood of dietetic referral.
- Additional clinics and extra hours for staff to meet demand.
- Liaise with Primary Care to ensure referrals are predominantly self-referrals, reducing the number of people who are not ready to engage with the WMS.
- Develop and test the impact of new pre-clinic patient group education session.
- Continue to review access criteria for specialist WMS, in collaboration with Primary Care and dependent on plans for level-2 services.
- Monitor increasing demand, expected due to new obesity drug treatments that will become available in the next few months to update trajectory and review plans.
- Reviewing pathways and processes to identify and implement efficiencies.

Occupational Therapy

Patients waiting 14 weeks plus for Occupational Therapy (up to June 2023)



Breakdown of Breaches for June 2023

Service	Number of Patients Waiting Over 14 Weeks
Mental Health	18
Learning Disabilities	48
Children's Services	261
Specialist Services – Cardiac	4
Rheumatology	62
Total	393

Work is ongoing to increase the number of functional assessment clinics across the three counties to improve the position. Adult, Community and Children's Occupational Therapy have seen improvements; however, this trajectory is at risk if demand for acute and urgent work increases with associated redeployment from planned service provision to support.

In the Occupational Therapy Children and Young People Service, urgent activity initially reduced at the start of the COVID-19 Pandemic. The demand steadily increased as families required assistance due to a lack of access to other services and provision such as school and wider family support. Occupational Therapy (Children and Young People) experienced a reduction in available clinical hours each month over the last due to factors such as maternity leave and staff sickness. During the last 12 month period the Service has recovered some of that time (18hours). Whilst actions to recruit have gone some way to mitigate the risks with 48.75 lost hours a week covered, 66.38 hours out of 115.13 lost hours remain and this has affected the Service's ability to manage the urgent and routine waiting lists in a timely manner.

The service is utilising additional bank hours and exploring additional support from within existing core Occupational Therapy services. The service reviews weekly trajectories for activity in order to prioritise the resultant waiting list breach numbers throughout the year. Services prioritise referrals according to clinical risk and classified as either routine or urgent. Locum recruitment with MEDACS remains open and the service is reviewing outsourcing options to support with current demand and backlog.

At the point of referral, all patients receive an initial screening via phone call by a registered Occupational Therapist. During screening, patients receive appropriate information and advice to assist in managing the problem prior to full assessment and this may include signposting to other services. During screening patients are also provided with contact information (single point of access for Carmarthenshire), and advised to inform the service if their situation changes.

The Service contacts patients on the routine waiting list longer than 14 weeks to review their current condition. This may result in reprioritisation as urgent, continuing to wait on the routine list or removal from the list if occupational therapy is no longer required.

Potential risks due to current position

- Increased time spent in hospital.
- Patients at risk of deconditioning whilst waiting which potentially negatively affects the effectiveness of any further treatment.
- Reduced job satisfaction and associated impact on workforce retention.

Actions to address risks

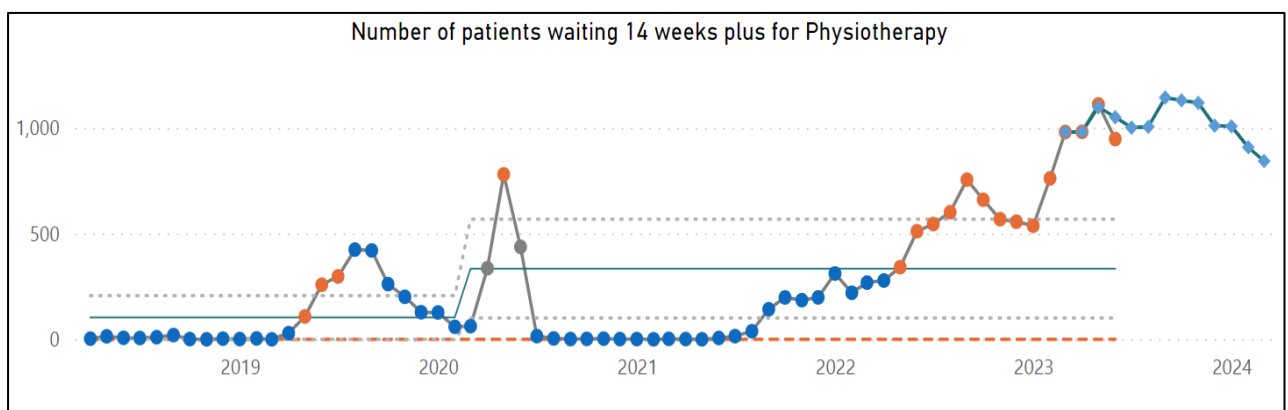
- Triage: The Children and Young People Service hold weekly triage meetings to discuss new referrals, See on Symptoms (SOS) and Patient Initiated Follow Ups (PIFU). For the Adult Service, clinical triage processes ensure priority for patients at highest risk of poor outcome without intervention.
- Advice: Appointment letter advises the referrer to contact the service if the situation changes. Any new information considered at triage meetings and patients re-prioritised using the criteria above if appropriate.
- Bank Staff: Recruited two bank staff providing 33.75 hours per week.

Whilst it is not currently possible to mitigate fully the risk of patients on routine waiting lists deconditioning or from having worsening conditions, clinical triage prioritisation processes are designed to ensure patients at high risk of poor outcomes without intervention are seen under the urgent category.

Urgent referrals have not reduced significantly since the Community Response Team became operational, partly due to the team mainly focused on discharge from acute sites with roll out to community only beginning within the past few weeks. Sickness within the team has resulted in limited capacity to manage the crisis response and urgent cases.

Physiotherapy

Patients waiting 14 weeks plus for Physiotherapy (up to June 2023)



The majority of patients waiting over 14 weeks for Physiotherapy are within Musculoskeletal (MSK) speciality and Community Services. The MSK Service continues to recover following the impacts of service cessation and redeployment in January 2022. MSK is high volume service and therefore has the highest amount of breaches, with the majority of issues within Pembrokeshire. However, similar issues are now also affecting Carmarthen and Ceredigion, albeit to a lesser degree.

Prioritisation systems have worked well with a high percentage of urgent patients seen within the 2-week target.

There has been an increasing number of patients in Community services breaching routine waiting times from May 2022. The largest area of challenge has been Carmarthenshire. The service in Carmarthenshire has also had an escalating breach position in urgent 2-week waiting times.

Issues affecting MSK and Community include:

- Due to the unprecedented pressures on patient flow, acute and community services receive priority for rotational Band 5 staff. Consequently, MSK carries significant and consistent Band 5 rotational vacancies. Whilst streamlining has been successful during 2022 in supporting recruitment to these vacancies, there is still a high risk that Band 5 rotational gaps will continue due to the continued pandemic pressures and workforce turnover.
- Over the last 2 years, the service has lost a major outpatient department at Bronglais General Hospital (BGH). Whilst there is now an estates solution planned, the two-year interim period has negatively affected staffing, capacity and service effectiveness. The Canolfan Rheidol Centre site has now opened and is supporting the delivery of service in Aberystwyth and the site will allow improvements to clinical efficiency for outpatient MSK services and community frailty services.
- Baseline staffing is insufficient to meet demand if vacancies, long-term sickness and maternity cover is not available. 95% of establishment staffing is required to meet current service demand within MSK specialty.
- Physiotherapy has a number of essential services delivered without a defined budget. Examples include respiratory on call and some weekend orthopaedics services. This limits the service ability to recruit up to its full establishment position in MSK and Community Specialties.
- Caseload complexity is increasing in community services due to impacts of "Discharge to Recover and Re-Assess" processes, along with pressures on acute sites. There has also been an increased proportion of urgent referrals over the last 12 months within Carmarthenshire.
- There is insufficient agency available to cover all within budget vacancies. There are still challenges in securing agency due to lack of local accommodation options and other organisations willing to pay above framework rates.
- Over the last 12 months, there have been recurrent waves of redeployment effecting planned care outpatients teams to shore up acute sites. Due to the high volume of clinical activity disrupted, this has caused a significant backlog of caseload, increasing waiting times pressures.

Potential risks due to current position

- Increased access to primary care and unscheduled care services seeking condition management support.
- Increased poor outcome and development of chronic conditions with higher future disease burden on health systems.
- Increased risk of inappropriate referrals to radiology from primary care teams for MSK conditions.

- Delayed cancer diagnosis – there is a developing body of evidence to demonstrate that a significant number of cases are identified through routine work in MSK services.

Actions to address risks

Whilst not possible mitigate fully the risk of patients on routine waiting lists deconditioning, clinical triage processes are designed to ensure patients at high risk of poor outcome without intervention, are seen under the urgent category. Currently there is no active monitoring or review process for patients waiting on routine lists in core MSK services or community services due to service capacity. Targeted work is underway to manage the risk in urgent caseloads and to improve position overall.

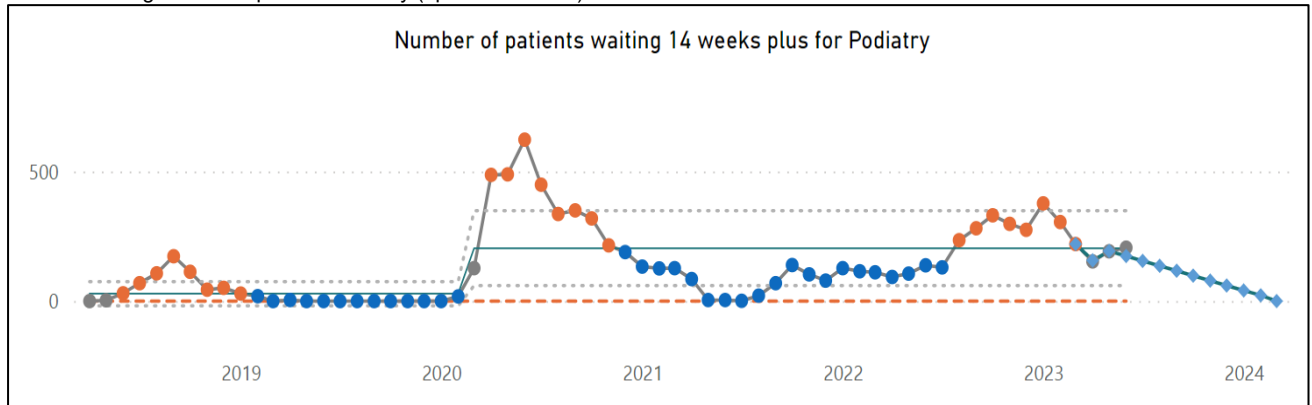
Actions in place to address the risks include:

- Patients at high risk of coming to harm or risk of admission triaged with a higher level of urgency and seen within 72 hours by intermediate care teams in Pembrokeshire and Carmarthenshire.
- Urgent community waiting lists under review and validation by clinical teams for assurance regarding triage priority. Clinical prioritisation criteria inform this triage process. Clinical caseloads reviewed and prioritised based on clinical risk.
- Three County task and finish group including senior community leads reviewing urgent and routine triage criteria.
- Review of Community booking processes to evaluate correlation of urgent and routine caseloads.
- Ongoing recruitment to core vacancies combined with over recruitment strategies, bank, agency and overtime. Work with MEDACS to recruit agency in all three counties to cover vacancies.
- MSK is running with eight vacant posts in April despite increased rate of recruitment strategies. Lead times for recruitment, limited agency availability and staff turnover are key factors. The service may be able to increase the prospective rate of recruitment at Band 6 grades without financial risk, against the vacancy run rate.
- Monitor services against agency/bank utilisation using vacancy tracker.
- Audit of patients waiting for urgent community physiotherapy who have accessed A&E due to delays in service provision.
- Community intermediate care services also triage patients to a rapid response category with a 72-hour target. This is noted on patient records and actioned accordingly but not formally reported through WPAS.
- Patients at risk of deconditioning are able to contact services directly. The service reviews triage decisions if symptoms change and are of concern. The MSK service has developed self-help resources on the Physiotherapy website¹; however, Community Physiotherapy services do not currently have a similar resource.

¹ [Physiotherapy services - Hywel Dda University Health Board \(nhs.wales\)](https://www.nhs.uk/physiotherapy-services/)

Podiatry

Patients waiting 14 weeks plus for Podiatry (up to June 2023)



Podiatry continues to recover its position with 153 patients waiting more than 14 weeks. Actions in place include recruitment in Pembrokeshire, phone triage system for follow up appointments, continued validation of waiting lists, reviews of eligibility criteria and open access walk in clinics.

Potential risks due to current position

The inability to see new patients in a timely way in line with Welsh Government targets and Health Care Standards results in chronicity of condition, poor patient experience, impact on primary and secondary care demands and impacts on successful outcomes.

Other risks due to delays to treatment include:

- Deterioration to crisis (vascular & sepsis) potentially leading to patients presenting at A&E/SDEC.
- Deterioration into chronic condition with reduced positive outcomes and increased costs of care.
- Increased demand on primary and secondary care services including avoidable hospital admissions.
- The multi-disciplinary team should see diabetic and vascular patients with lower limb tissue necrosis, ischaemia, and ulceration/infection within the recommended timeframe of 24 hours, as per the NICE guidelines. There is a risk that the service does not meet this timeframe due to capacity constraints as previously outlined.
- Increased chronicity and care requirements with reduced positive outcomes.

Actions to address risks

By ensuring services are delivered closer to home (cluster based) utilising a care and support approach with co-produced plans helps patients and their carers gain knowledge and confidence to self-manage through activation which improves outcomes and reduces short and long term demands services.

Waiting list validation exercises have targeted waiting lists in certain clinics against an ongoing duty of care to manage a significant portion of follow-up patients requiring ongoing monitoring and review. Future initiatives include placing follow-up patients on a “See on Symptom” (SOS) pathway so the patient is advised to contact the service if another appointment is needed.

The service introduced phone triaging for follow-up appointments resulting in an increase in the number of available face-to-face appointments by targeting follow-up non-attender’s.

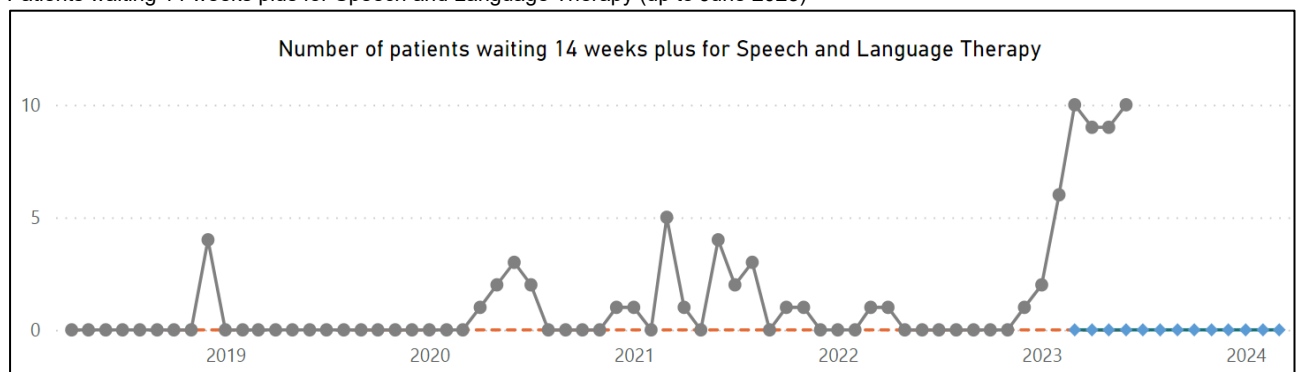
The Podiatry service also offers ‘open access’ drop in clinics for patients with severe diabetic foot problems such as ulceration or sepsis allowing access for patients with acute problems to turn up for same day assessment and care.

There is ongoing validation and scrutiny of the WPAS referral list and a number of new patient initiative clinics undertaken. Whilst vacancies and maternity leave absences accounted for a loss of approximately 80 weekly clinical appointments, this position has improved with recent recruitments to vacant positions.

Speech and Language Therapy

Current position and associated factors

Patients waiting 14 weeks plus for Speech and Language Therapy (up to June 2023)



The majority of patients waiting are for non-urgent referrals for Learning Disabilities Services. The increase in breaches is due to prioritising dysphagia referrals, increased demand and vacancies in the service.

The Speech and Language Therapy Service provides triage and telephone advice as soon as possible to reduce risks and signpost to the GP/palliative care/A&E if appropriate. The service sees urgent cases within one working week of the triage (dependent on staff availability and area).

- Reported overt signs of airway compromise on all oral intake, every day
- Ongoing chest infections – not responding to antibiotics OR chest infection at time of referral.

- Severe choking episodes – more than one occasion of turning blue/requiring back slaps
- Nutrition and hydration compromised by swallowing difficulties
- At risk of hospital admission
- High level of client/carer/family distress

The Service holds weekly screening meetings to identify any cases that may be a priority and allocating patients to the appropriate therapists for telephone triage within 2 weeks of receipt of referral. During triage, patients receive interim advice and strategies to manage risk until a face-to-face appointment could take place.

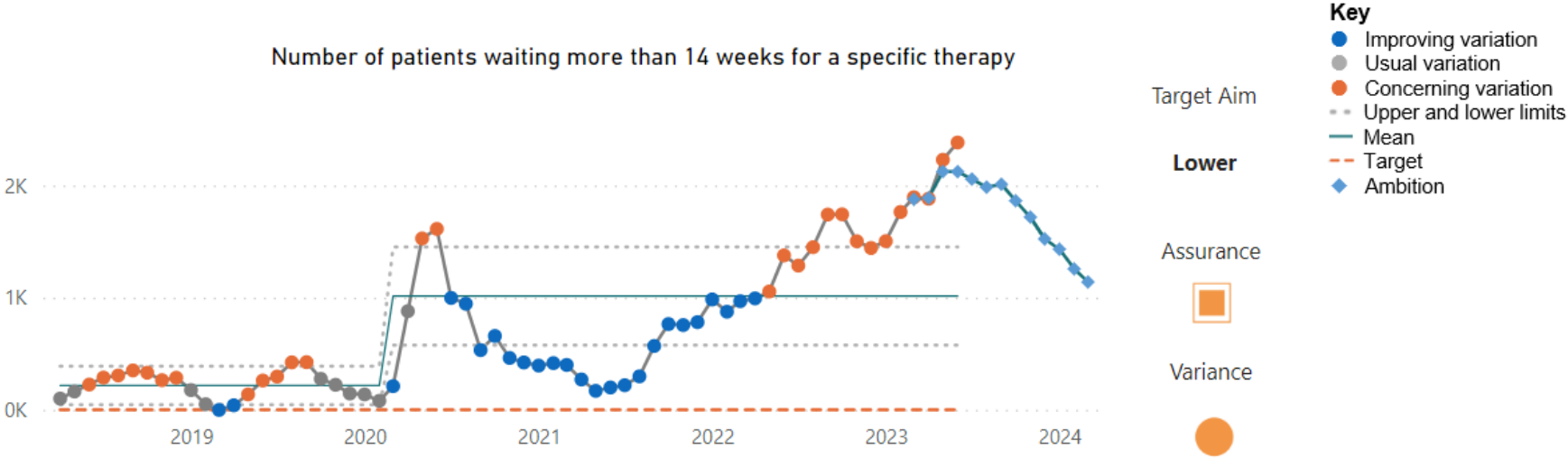
A new system is currently in development whereby on receipt of referral, patients receive generic safe swallow/communication information to reduce risk (in line with care aims). This system will also will include information regarding the referral process and guidance should they feel their condition is changing/worsening in the meantime.

Clinical standards set out by the Royal College of Speech and Language Therapists (RCSLT) define the urgent criteria regarding clinical diagnoses. These are stammering, paediatric dysphagia and looked after children. The Service has a triage system that screens all referrals weekly. Neonates and urgent dysphagia referrals receive appointments within 2 days as per the RCSLT.

Quality improvement work is underway to improve job planning, demand, and capacity reporting within the service. The Service has an open referral system where parents or professionals can highlight concerns if there is a change in condition with patients seen as soon as possible with a minimal wait (usually a few days).

Therapies: Deliver zero patients waiting over 14 weeks for a specified therapy by March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	June 23	2,383	2,123	<p>Performance in June was a deterioration from May's figure of 2,229 breaches. Breaches were seen in;</p> <ul style="list-style-type: none">• Physiotherapy: 947 (trajectory: 1,050) – concerning variation but with 137 less breaches than May• Audiology: 434 (trajectory: 63) – concerning variation, rise of 357 breaches since April & most breaches since August 2020• Occupational Therapy : 393 (trajectory: 432) – improving variation with lowest number of breaches since January 2022• Dietetics: 353 (trajectory: 345) – concerning variation, continued monthly rise in breaches since January 2023• Podiatry: 206 (trajectory: 174) – usual variation, however, continued rise in breaches for 3 months• Art therapy: 40 (trajectory: 59) – only April 2023 has seen more breaches (41)• Speech & language: 10 (trajectory: 0)• There were also 0 breaches in June for CMATs.

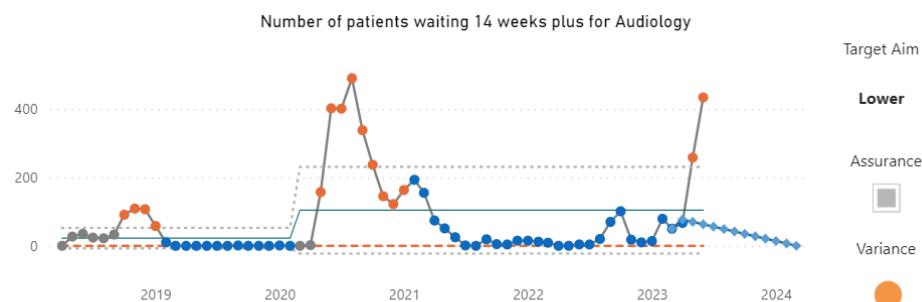


For further details on all therapies, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

Patients Waiting 14 weeks + for Audiology

Performance as at 30th Jun 2023



Action plan

By when

Status

On-going recruitment to fill vacancies + increase in hours of some existing staff

Oct 23

On Track

Overtime clinics - but the take up have been limited

Live

Limited uptake

Plans to pilot alternate appointment lengths to maximise capacity – unable to start until September

Sept 23

On Track

Temporary suspension of other appointment types to facilitate more initial assessment appointments.

Live

On Track

Context/Issues Narrative

20% increase in new referral rates

Significant staff issues since the start of 2023 with clinicians leaving the health board to take up roles in the independent sector. Vacancies have been filled but not yet started :

- B5 – due to start but delayed due to University industrial action delaying marking of final exam papers
- B5 – at conditional offer stage
- B6 – interviews on 17.07.23 , planned start date 01.09.23
- B2 – 12m maternity leave cover – conditional offer stage In July a further two B2 members of the administration team have submitted their resignations.

Sickness levels had increased to >7% (currently at 5.06%).

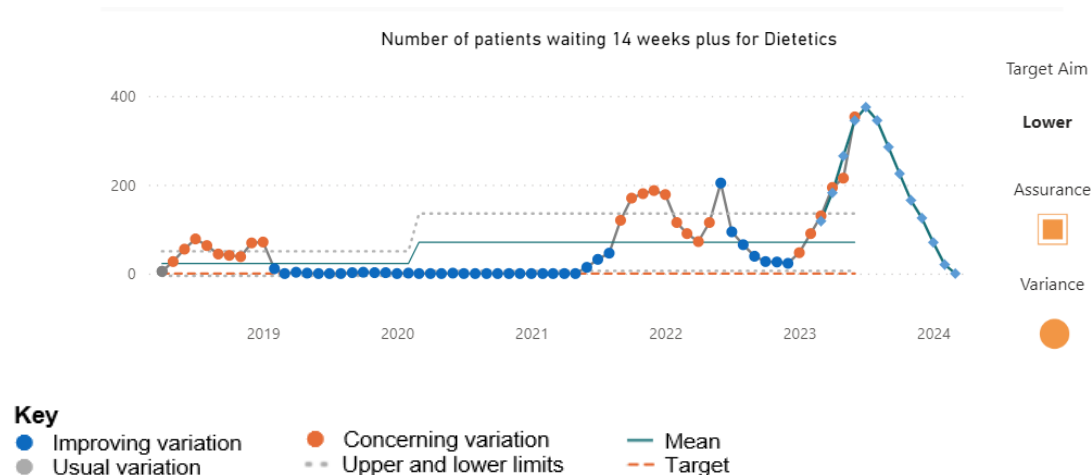
The department has unfilled vacancies remaining:

- 2 wte B5 vacancies
- 2 wte B2 vacancies

This will mean that B4 clinicians will be required to take over administration duties until new staff are in post. Additional training has been required to support a new clinician which has resulted in 196 additional hours of clinical time being diverted which could have been utilise to address the backlog.

Patients Waiting 14 weeks + for Dietetics

Performance as at 30th Jun 2023



Context/Issues Narrative

There are 413 patients waiting >14 weeks for Dietetics

- **Vast majority, 365 patients, are waiting for weight management service. Increase in referrals triggered by patients seeking Pharmaceutical solutions to support obesity management**
- 20 Patients are waiting for paediatric services . 2 wte B6 vacancies now recruited to.
- 13 patients are waiting for Mental health and learning disabilities services (4 of which are waiting for Specialist Child and adolescent mental health SPCAMHS)
- 11 Patients are waiting for community Dietetics - These patients have since been contacted and waiting times addressed.
- 2 patients are waiting for Acute Dietetics, 1 for Diabetes and 1 for urgent and intermediate care. - These are all data errors that have since been addressed and removed.

Action plan

The Actions in relation to addressing the increasing waiting times in the weight management service and the reported waiting times in paediatrics have been reported in the waiting times therapies recovery plan which is pending approval.

By when

Status

Oct 23

On track

Source additional capacity via Medacs, or internal fixed term additional hours

Live

No uptake

Review access criteria for level 3 service alongside Primary Care level 2 service development plans

Sept 23

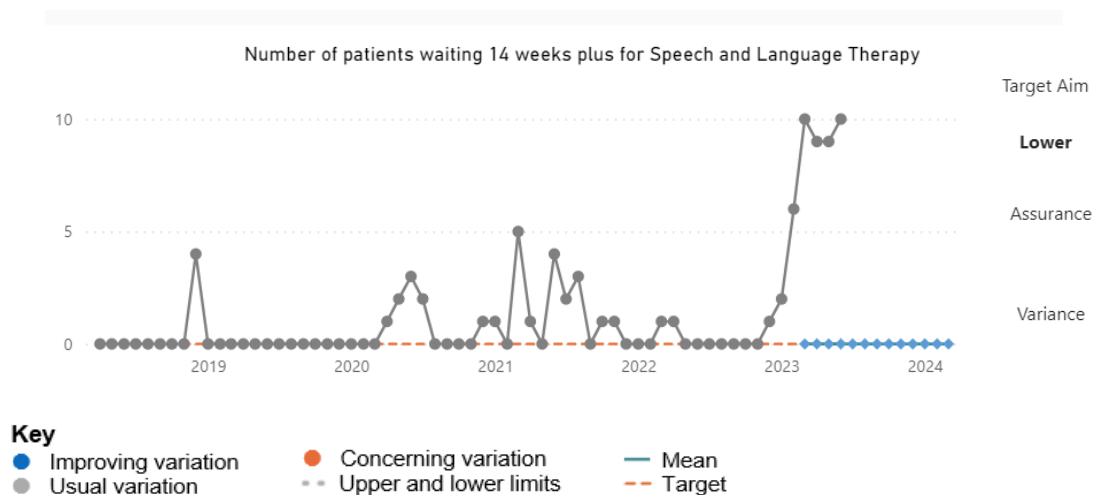
Secure administrative support to manage switch to self referral process (reduce FTA/DNA rate)

Live

Out to advert

Patients Waiting 14 weeks + for Speech and Language

Performance as at 30th Jun 2023



Context/Issues Narrative

- Breach position within Learning Disability Service in MH&LD.
- Loss of senior capacity of 2.30 wte B7 and above
- The demand for dysphagia assessments increasing alongside need to ensure practice for dysphagia assessment in line with national guidelines

Action plan	By when	Status
Recruit to Professional Lead LD S< role	July 23	Complete
Review service structure & skill mix and recruit to vacant roles	August 23	Under review
improved triage methods for dysphagia to reduce variance and unnecessary assessments	Sept 23	In progress
Enable junior role development, progression/succession planning.	Oct 23	Under review